

HOUSE BILL 2310  
By Head

AN ACT to amend Tennessee Code Annotated, Section 56-32-226,  
relative to prompt payment requirements.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-32-226(b)(1)(B), is amended by deleting the language "or electronic".

SECTION 2. Tennessee Code Annotated, Section 56-32-226(b)(2), is amended by deleting the current language in its entirety and by substituting instead the following language:

(2) If a provider's claim is partially or totally denied in a remittance advice or other appropriate written notice, then the provider may send a written request for reconsideration to the health maintenance organization within sixty (60) days of the receipt of the partial or total denial of the claim. The reconsideration request should include any documentation or information requested by the health maintenance organization. The health maintenance organization must respond to the reconsideration request within sixty (60) days of receipt of the request, and the provider may then file a written request to submit the claims denial to an independent reviewer for review as provided herein at subdivision (b)(3).

SECTION 3. Tennessee Code Annotated, Section 56-32-226(b)(3)(A), is amended by deleting the current language in its entirety and by substituting instead the following language:

(A) When the commissioner receives a written request for review of a disputed provider claim, the commissioner shall refer the claim for review to an independent reviewer on the health maintenance organization's contracted reviewer panel. Each contracted reviewer shall be referred an equal proportion of total annual disputed claims. The reviewer shall, within ten (10) working days of receipt of the disputed claim, request in writing that both the provider and the health maintenance organization provide the

reviewer any and all information and documentation regarding the disputed claim. Such information or documentation must be received within thirty (30) days of receipt of the reviewer's request or it will not be considered by the reviewer. The reviewer shall also advise the provider and health maintenance organization to identify all information and documentation that have been submitted by the provider to the health maintenance organization regarding the disputed claim. The reviewer shall then examine all material submitted and render a decision on the dispute within sixty (60) days of receipt of the disputed claim, unless the reviewer requests guidance on a medical issue from the TennCare appeals unit in the department of health. In reaching a decision, the reviewer shall not consider any information or documentation from the provider that the provider did not submit to the health maintenance organization during that organization's review of the provider's disputed claim.

SECTION 4. Tennessee Code Annotated, Section 56-32-226(b)(3)(G), is amended by deleting the current language in its entirety and by substituting instead the following language:

(G) All costs associated with implementing these procedures shall be paid by the applicable health maintenance organization. However, the provider shall reimburse the health maintenance organization the independent reviewer's fee for resolving the claims dispute if the reviewer finds that the health maintenance organization properly denied the claim being reviewed.

SECTION 5. This act shall take effect July 1, 2004, the public welfare requiring it.